

1 STATE OF CALIFORNIA
2 DEPARTMENT OF CORPORATIONS

3 TEXT OF PROPOSED CHANGES
4 UNDER THE KNOX-KEENE HEALTH CARE SERVICE PLAN ACT OF 1975
5 PURSUANT TO NOTICE
6 DATED: APRIL 25, 2000

7 1. Amend Section 1300.67 to read:

8 1300.67. Scope of Basic Health Care Services.

9 The basic health care services required to be provided by a health care service plan to its
10 enrollees shall include, where medically necessary, subject to any copayment, deductible, or
11 limitation of which the Commissioner may approve:

12 (a) Physician services, which shall be provided by physicians licensed to practice
13 medicine or osteopathy in accordance with applicable California law. There shall also be
14 provided consultation with and referral by physicians to other physicians.

15 (1) The plan may also include, when provided by the plan, consultation and referral
16 (physician or, if permitted by law, patient initiated) to other health professionals who are defined
17 as dentists, nurses, podiatrists, optometrists, physician's assistants, clinical psychologists, social
18 workers, pharmacists, nutritionists, occupational therapists, physical therapists and other
19 professionals engaged in the delivery of health services who are licensed to practice, are
20 certified, or practice under authority of the plan, a medical group, or individual practice
21 association or other authority authorized by applicable California law.

22 (b) Inpatient hospital services, which shall mean short-term general hospital services,
23 including room with customary furnishings and equipment, meals (including special diets as
24 medically necessary), general nursing care, use of operating room and related facilities, intensive
25 care unit and services, drugs, medications, biologicals, anesthesia and oxygen services,
diagnostic laboratory and x-ray services, special duty nursing as medically necessary, physical

1 therapy, respiratory therapy, administration of blood and blood products, and other diagnostic,
2 therapeutic and rehabilitative services as appropriate, and coordinated discharge planning
3 including the planning of such continuing care as may be necessary, both medically and as a
4 means of preventing possible early rehospitalization.

5 (c) Ambulatory care services, (outpatient hospital services) which shall include
6 diagnostic and treatment services, physical therapy, speech therapy, occupational therapy
7 services as appropriate, and those hospital services which can reasonably be provided on an
8 ambulatory basis. Such services may be provided at a hospital, any other appropriate licensed
9 facility, or any appropriate facility which is not required by law to be licensed, if the
10 professionals delivering such services are licensed to practice, are certified, or practice under the
11 authority of the plan, a medical group, or individual practice association or other authority
12 authorized by applicable California law.

13 (d) Diagnostic laboratory services, diagnostic and therapeutic radiological services,
14 and other diagnostic services, which shall include, but not be limited to, electrocardiography and
15 electroencephalography.

16 (e) Home health services, which shall include, where medically appropriate, health
17 services provided at the home of an enrollee as prescribed or directed by a physician or osteopath
18 licensed to practice in California. Such home health services shall include diagnostic and
19 treatment services which can reasonably be provided in the home, including nursing care,
20 performed by a registered nurse, public health nurse, licensed vocational nurse or licensed home
21 health aide.

22 (1) Home health services may also include such rehabilitation, physical, occupational
23 or other therapy, as the physician shall determine to be medically appropriate.

24 (f) Preventive health services (including services for the detection of asymptomatic
25 diseases), which shall include, under a physician's supervision,

1 (1) reasonable health appraisal examinations on a periodic basis;
2 (2) a variety of voluntary family planning services;
3 (3) prenatal care;
4 (4) vision and hearing testing for persons through age 16;
5 (5) immunizations for children in accordance with the recommendations of the
6 American Academy of Pediatrics and immunizations for adults as recommended by the U.S.
7 Public Health Service;
8 (6) venereal disease tests;
9 (7) cytology examinations on a reasonable periodic basis;
10 (8) effective health education services, including information regarding personal
11 health behavior and health care, and recommendations regarding the optimal use of health care
12 services provided by the plan or health care organizations affiliated with the plan.

13 (g) Emergency health care services which shall be available and accessible to
14 enrollees on a twenty-four hour a day, seven days a week, basis within the health care service
15 plan area. Emergency health care services shall include ambulance services for the area served
16 by the plan to transport the enrollee to the nearest twenty-four hour emergency facility with
17 physician coverage, designated by the Health Care Service Plan. Coverage for out-of-area
18 emergencies involving enrollees shall be provided on a reimbursement or fee-for-service basis
19 and instructions to enrollees must be clear regarding procedures to be followed in securing such
20 services or benefits.

21 (h) Hospice services as set forth in Section 1300.68.2.

22 Note: Authority cited: Section 1344, Health and Safety Code. Reference: Section 1367,
23 Health and Safety Code.

24
25 2. Adopt Section 1300.68.2 to read:

1 1300.68.2 Hospice Services.

2 (a) For purposes of this section, the following definitions shall apply:

3 (1) “Bereavement services” means those services available to the surviving family
4 members for a period of at least one year after the death of the enrollee. These services shall
5 include an assessment of the needs of the bereaved family and the development of a care plan
6 that meets these needs, both prior to, and following the death of the enrollee.

7 (2) “Hospice” means a specialized form of interdisciplinary health care that is designed to
8 provide palliative care, alleviate the physical, emotional, social and spiritual discomforts of an
9 enrollee who is experiencing the last phases of life due to the existence of a terminal disease, to
10 provide supportive care to the primary care giver and the family of the hospice patient, and
11 which meets all of the following criteria;

12 (A) Considers the enrollee and the enrollee's family, in addition to the enrollee, as the
13 unit of care.

14 (B) Utilizes an interdisciplinary team to assess the physical, medical, psychological,
15 social and spiritual needs of the enrollee and the enrollee's family.

16 (C) Requires the interdisciplinary team to develop an overall plan of care and to
17 provide coordinated care which emphasizes supportive services, including, but not limited to,
18 home care, pain control, and limited inpatient services. Limited inpatient services are intended
19 to ensure both continuity of care and appropriateness of services for those enrollees who cannot
20 be managed at home because of acute complications or the temporary absence of a capable
21 primary care giver.

22 (D) Provides for the palliative medical treatment of pain and other symptoms
23 associated with a terminal disease, but does not provide for efforts to cure the disease.

24 (E) Provides for bereavement services following the enrollee's death to assist the
25 family to cope with social and emotional needs associated with the death of the enrollee.

1 (F) Actively utilizes volunteers in the delivery of hospice services.

2 (G) To the extent appropriate based on the medical needs of the enrollee, provides
3 services in the enrollee's home or primary place of residence.

4 (3) “Home health aide services” means personal care services provided under a plan
5 of treatment prescribed by the enrollee's physician and surgeon provided for the personal care of
6 the terminally ill enrollee and the performance of related tasks in the enrollee's home in
7 accordance with the plan of care in order to increase the level of comfort and to maintain
8 personal hygiene and a safe, healthy environment. Home health aide services shall be provided
9 by a person who is certified by the state Department of Health Services as a home health aide
10 pursuant to Chapter 8 of Division 2 of the Health and Safety Code.

11 (4) “Homemaker services” means services that assist in the maintenance of a safe and
12 healthy environment and services to enable the enrollee to carry out the treatment plan.

13 (5) “Interdisciplinary team” means the hospice care team that includes, but is not
14 limited to, the enrollee and the patient’s family, a physician and surgeon, a registered nurse, a
15 social worker, a volunteer, and a spiritual caregiver.

16 (6) “Medical direction” means those services provided by a licensed physician and
17 surgeon who is charged with the responsibility of acting as a consultant to the interdisciplinary
18 team, a consultant to the enrollee's attending physician and surgeon, as requested, with regard to
19 pain and symptom management, and liaison with physicians and surgeons in the community.
20 For purposes of this section, the person providing these services shall be referred to as the
21 “medical director.”

22 (7) “Plan of care” means a written plan developed by the attending physician and
23 surgeon, the medical director or physician and surgeon designee, and the interdisciplinary team
24 that addresses the needs of an enrollee and family admitted to the hospice program. The hospice
25 shall retain overall responsibility for the development and maintenance of the plan of care and

1 quality of services delivered. However, nothing in this section shall be construed to limit a health
2 care service plan's obligations with respect to its QA program as required under Section 1300.70.

3 (8) "Skilled nursing services" means nursing services provided by or under the
4 supervision of a registered nurse under a plan of care developed by the interdisciplinary team and
5 the enrollee's physician and surgeon to an enrollee and his or her family that pertain to the
6 palliative, supportive services required by an enrollee with a terminal illness. Skilled nursing
7 services include, but are not limited to, enrollee assessment, evaluation and case management of
8 the medical nursing needs of the enrollee, the performance of prescribed medical treatment for
9 pain and symptom control, the provision of emotional support to both the enrollee and his or her
10 family, and the instruction of caregivers in providing personal care to the enrollee. Skilled
11 nursing services shall provide for the continuity of services for the enrollee and his or her family.
12 Skilled nursing service shall be available on a 24-hour on-call basis.

13 (9) "Social service/counseling services" means those counseling and spiritual services
14 that assist the enrollee and his or her family to minimize stresses and problems that arise from
15 social, economic, psychological, or spiritual needs by utilizing appropriate community resources,
16 and maximize positive aspects and opportunities for growth.

17 (10) "Terminal disease" or "terminal illness" means a medical condition resulting in a
18 prognosis of life of one year or less, if the disease follows its natural course.

19 (11) "Volunteer services" means those service provided by trained hospice volunteer
20 who have agreed to provide service under the direction of a hospice staff member who has
21 designated by the hospice to provide direction to hospice volunteers. Hospice volunteers may be
22 used to provide support and companionship to the enrollee and his or her family during the
23 remaining days of the enrollee's life and to the surviving family following the enrollee's death.

24 (b) Hospice services provided pursuant to the requirements of Section 1368.2 shall
25 comply with the following requirements:

1 (1) Only an entity licensed pursuant to the California Hospice Licensure Act of 1990,
2 (Health and Safety Code Section 1745, et seq.) may provide hospice services to plan enrollees,
3 except that an entity licensed as a hospice may arrange to provide hospice services required to be
4 provided pursuant to this section with appropriately licensed individuals or entities.

5 (2) Plans are required to provide to enrollees with a “terminal illness”, through their
6 contractual arrangements with hospices, the following services, at a minimum, when the enrollee
7 qualifies for and chooses hospice care:

8 (A) Interdisciplinary team care with development and maintenance of an appropriate plan
9 of care.

10 (B) Skilled nursing services, home health aide services and homemaker services under the
11 supervision of a qualified registered nurse.

12 (C) Bereavement Services.

13 (D) Social services/counseling services with medical social services provided by a
14 qualified social worker. Dietary counseling, by a qualified provider, shall also be provided when
15 needed.

16 (E) Medical direction with the medical director being also responsible for meeting the
17 general medical needs of the enrollees to the extent that these needs are not met by the attending
18 physician.

19 (F) Volunteer services.

20 (G) Short-term inpatient care arrangements.

21 (H) Pharmaceuticals, medical equipment and supplies that are reasonable and necessary
22 for the palliation and management of terminal illness and related conditions.

23 (I) Physical therapy, occupational therapy, and speech-language pathology services for
24 purposes of symptom control, or to enable the enrollee to maintain activities of daily living and
25 basic functional skills.

1 (c) Covered services are to be made available on a 24 hour basis to the extent necessary
2 to meet the needs of individuals for care that is reasonable and necessary for the palliation and
3 management of terminal illness and related conditions.

4
5 (d) Special Coverage Requirements.

6 (1) Periods of Crisis:

7 Nursing care services must be covered on a continuous basis for as much as 24
8 hours a day during periods of crisis as necessary to maintain an enrollee at home. Either
9 homemaker or home health aide services or both may be covered on a 24 hour continuous
10 basis during periods of crisis but the care provided during these periods must be
11 predominantly nursing care. A period of crisis is a period in which the enrollee requires
12 continuous care to achieve palliation or management of acute medical symptoms.

13 (2) Respite Care:

14 Respite care is short-term inpatient care provided to the enrollee only when
15 necessary to relieve the family members or other persons caring for the enrollee.
16 Coverage of respite care may be limited to an occasional basis and to no more than five
17 consecutive days at a time.

18 (e) Every plan shall include notice of the coverage specified in subdivisions (b), (c)
19 and (d) in the plan's evidence of coverage and disclosure form on or after January 1, 2001.

20 (f) All contracts between plans and hospices must be in accordance with all federal
21 and state hospice licensure requirements.

22 Note: Authority cited: Section 1344, Health and Safety Code. Reference cited: Section
23 1368.2, Health and Safety Code.